

Kentucky State Aid to Local Agricultural Fairs Program  
Kentucky Department of Agriculture  
Division of Shows and Fairs

INITIAL REQUEST FOR STATE AID TO LOCAL AGRICULTURAL FAIRS

As provided In KRS 247.220, the Board of Directors of the

\_\_\_\_\_  
Official Name of Fair

hereby applies for grants of State funds from the Kentucky Department of Agriculture through the State Aid to Local Agricultural Fairs Program. The event is tentatively scheduled to be held \_\_\_\_\_

Dates of Fair

In or near the Kentucky community of \_\_\_\_\_ in the County of \_\_\_\_\_ .

Officers of the fair and members of the fair board are listed below. The representatives on the board which are required by KRS 247.220 are listed where indicated. (use back if more space is needed)

| <u>NAME</u> | <u>TITLE</u>                           | <u>MAILING ADDRESS</u> | <u>PHONE</u> |
|-------------|--|------------------------|--------------|
| _____       | _____                                  | _____                  | _____        |
| _____       | _____                                  | _____                  | _____        |
| _____       | _____                                  | _____                  | _____        |
| _____       | _____                                  | _____                  | _____        |
| _____       | Voc. Agri. Rep.                        | _____                  | _____        |
| _____       | Ext. Svc. Rep.                         | _____                  | _____        |
| _____       | Farm Bureau Rep.                       | _____                  | _____        |
| _____       | Horseman's Assoc. Rep. (if one exists) | _____                  | _____        |
| _____       | Livestock Assoc. Rep. (if one exists)  | _____                  | _____        |

The following person is authorized to handle funds for the fair and should receive all payment checks from the Kentucky Department of Agriculture:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

The following person is authorized to receive all correspondence and forms relating to the fair from the Kentucky Department of Agriculture:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature of fair officer completing form: \_\_\_\_\_

IMPORTANT! This form must be completed and returned by MARCH 1 of the year for which aid is requested to:  
Kentucky Department of Agriculture. Division of Shows and Fairs, 100 Fair Oaks Lane, Suite 252. Frankfort, KY 40601.